

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☐DEEPEN ☒PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☒GAS
WELL ☐OTHER ☐SINGLE
ZONE ☐MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Sheprock Oil & Gas Corporation

3. ADDRESS OF OPERATOR

P.O. Box 1367, Farmington, N.M. 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

At surface

825' from East line & 2145' from South line

At proposed prod. zone

Dallup

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

4 mi SW. of Sheprock

10. DISTANCE FROM PROPOSED

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drig. unit line, if any)18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

21. ELEVATIONS (Show whether DE, RT, GR, etc.)

5192' Gr.

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
6 3/4"	5 1/2" OD	14#	106'	none
	2" Reg tubing		98'	

Going to deepen 10 ft. and ream out from bottom
of casing to 2.D. 116'

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-5036

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo.

7. UNIT AGREEMENT NAME

Shiprock

8. FARM OR LEASE NAME

Shiprock I

9. WELL NO.

E 15

10. FIELD AND POOL, OR WILDCAT

Sheprock Dallup

11. SEC. T., R., M., OR BLK.
AND SURVEY OR AREA

17, 29N, 18W.

12. COUNTY OR PARISH

San Juan

13. STATE

New Mex.

17. NO. OF ACRES ASSIGNED
TO THIS WELL

20. ROTARY OR CABLE TOOLS

Rotary Air

22. APPROX. DATE WORK WILL START*

9-26-77

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

Pat Johnson

TITLE

Acct.

DATE

9-26-77

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side